## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

245402004500

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                |  |  |                      |                                |                     |                  |            | SMALL ENTITY TYPE   |                        |          | OTHER THAN<br>SMALL ENTITY |                        |  |
|---|--|--|----------------------|--------------------------------|---------------------|------------------|------------|---------------------|------------------------|----------|----------------------------|------------------------|--|
| TOTAL CLAIMS  |  |  | 5                    |                                | (SSIGHINI Z)        |                  |            | RATE FEE            |                        | OR<br>1  | RATE                       | FEE                    |  |
| FOR   |  |  | NUMBER FILED         |                                | NUME                | NUMBER EXTRA     |            | BASIC FEE           |                        |          | BASIC FEE                  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |  | minus 20=            |                                | * •                 |                  |            | X\$ 9=              |                        | 1        | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |  | minus 3 =            |                                | * _                 |                  | 1          |                     |                        | OR       |                            |                        |  |
| MU  | LTIPLE DEPEN   | IDENT CLAIM P  | RESENT               |                                |                     |                  |            | X42=                |                        | OR       | X84=                       |                        |  |
| * If  | the difference   | in column 1 is   | ess than zero, enter |                                | r "O" in a          | naluma 0         | 1          | +140=               |                        | OR       | +280=                      |                        |  |
| Ü   |  |  |                      |                                |                     | column 2         |            | TOTAL               |                        | OR       | TOTAL                      | 740.                   |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |                      |                                |                     |                  |            | SMALL               | ENTITY                 | OR       | OTHER<br>SMALL             |                        |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT  |                      | NUM<br>PREVIO                  | BER<br>DUSLY        | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | * 10   | Minus                | ** 2                           | 0                   |                  |            | X\$ 9=              |                        | OR       | X\$18=                     |                        |  |
| AM  | Independent  | NTATION OF MI  | Minus                | ***                            | 5<br>FCLAIM         | = 2              | <b> </b> [ | X42=                |                        | OR       | X84=                       | 168,2                  |  |
|   |  | The second secon | JETH CE DEI          | LINDLIN                        | ·                   | <u></u>          | <b>,</b> [ | +140=.              |                        | OR       | +280=                      |                        |  |
|   |  |  |                      |                                |                     |                  | -          | TOTAL<br>ADDIT, FEE |                        | OR       | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                               |  |  |                      |                                |                     |                  |            |                     |                        |          |                            |                        |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT  |                      | NUM<br>PREVIO<br>PAID          | BER<br>DUSLY        | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *  | Minus                | **                             |                     | =                | ] ]        | X\$ 9=              |                        | OR       | X\$18=                     |                        |  |
|   | Independent  | *<br>NTATION OF MU   | Minus                | ***                            | - CI AII4           | =                | 41         | X42=                |                        | OR       | X84=                       |                        |  |
|   | THOTFILDE  | NIATION OF MIC   | DETIPLE DEP          | ENDENI                         | CLAIM               |                  | J          | +140=               |                        | OR       | +280=                      |                        |  |
|   |  |  |                      |                                |                     |                  | L          | TOTAL               |                        | OR<br>OR | TOTAL                      |                        |  |
|   |  | (Column 1)   |                      | (Colur                         | nn 2)               | (Column 3)       |            | DDIT. FEE L         |                        | OIT,     | ADDIT. FEE                 |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                      | HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *  | Minus                | **                             |                     | =                | $\prod$    | X\$ 9=              |                        | OR       | X\$18=                     |                        |  |
|   | Independent  | *  | Minus                | ***                            |                     | =-               | ]          | X42=                |                        |          | X84=                       |                        |  |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                      |                                |                     |                  | ┚┞         | +140=               |                        | OR       |                            |                        |  |
| *   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |                      |                                |                     |                  |            |                     |                        | OR       | +280=                      |                        |  |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                      |                                |                     |                  |            |                     |                        |          |                            |                        |  |